



Incident Report

Print Date/Time: 06/05/2016 17:12

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00010698

Incident Date/Time: 6/4/2016 10:47:00 AM
Location: 20TH ST SE / 79TH AVE SE
LAKE STEVENS WA 98258
Phone Number: (425) 348-2357
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 2
Status: 2
Nature of Call:

Unit/Personnel

Unit	Personnel
19D3	SS0134-Lyons
19S13	SS0095-Miner

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	RITA-DISPATCH		(425) 348-2357			
2	Involved Party	RYAN, SCOTT CHRISTOPHER	6102 140TH ST Everett WA 982089466	(425) 438-6170		Male	08/23/1978
3	Involved Party	VANCE, TANNER JAMES	9115 7TH ST Lake Stevens WA 982583799	(425) 772-3582	White	Male	03/25/1981

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						C36026F	
Involved Vehicle	Passenger Car	2004				70348C	WA
Involved Vehicle	Passenger Car		Ford			C36026F	

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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06/04/2016 : 11:28:29 ss0134 Narrative: Female complaining of possible injuries refused AID and need of care.

06/04/2016 : 10:50:23 SP0368 Narrative: AGENCY ADVISED

06/04/2016 : 10:50:20 SP0294 Narrative: LR294

06/04/2016 : 10:48:41 SP0294 Narrative: CC, VEH VS COMMUNITY TRANSIT BUS, FEM CA/BN, BACK AND NECK PX


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E550135

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	2016-00010698
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	06	-	04	-	2016			1049	31						0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
20TH ST SE		BLOCK NO. <input checked="" type="checkbox"/> 7900
		MILE POST

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)
			S	W	79TH AVE SE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE D: 4257723582
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LAST NAME	VANCE	FIRST NAME	TANNER	MIDDLE INITIAL	J
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STREET NEW ADDRESS	9115 7TH ST SE UNIT B
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CITY	LAKE STEVENS	ST	WA	ZIP	982583799
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	VANCETJ198D5	STATE	WA	SEX	M	D.O.B. MMDDYYYY	03	-	25	-	1981
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	C36026F	STATE	WA	VIN#	1FTPW14505KD58364
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2005	MAKE	FORD	MODEL	F1PU	STYLE	CW	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. LINDA FRIEDT 15555 32ND AVE NE SEATTLE WA 98155

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 388 1641-A05-47
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE D: 4254386170
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LAST NAME	RYAN	FIRST NAME	SCOTT	MIDDLE INITIAL	C
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STREET NEW ADDRESS	6102 140TH ST SE
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CITY	EVERETT	ST	WA	ZIP	982089466
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CDL	B	RESTRICTIONS		ENDORSEMENTS	L, P
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DRIVER'S LICENSE #	RYAN*SC220N3	STATE	WA	SEX	M	D.O.B. MMDDYYYY	08	-	23	-	1978
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	70348C	STATE	WA	VIN#	5FYD3FV194B027625
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2004	MAKE	NEW	MODEL	BUS	STYLE	BU	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. COMMUNITY TRANSIT 7100 HARDESON RD EVERETT WA 98203 D: 4254386170

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	WASHINGTON STATE TRANSIT INS POOL WSP16, FLEET POLICY
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	C. LYONS	BADGE OR ID #	0134	AGENCY	WA0311900
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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E550135**CASE # **2016-00010698**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		HYLINGER GREY M																		
ADDRESS & PHONE # 807 DARWIN WAY GRANITE FALLS WA 98252 3603488965														SEX M	D.O.B. MMDDYYYY 02	-	28	-	1995	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	9	AIRBAG	2	RESTR.	1	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)		SUNAGA STEPHEN																		
ADDRESS & PHONE # 8621 STATE ROUTE 92 GRANITE FALLS WA 98252 4253288464														SEX M	D.O.B. MMDDYYYY 11	-	03	-	1936	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	6	AIRBAG	2	RESTR.	1	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)		STADLER SAM C																		
ADDRESS & PHONE # 12320 CHAPPEL RD ARLINGTON WA 98223 5096373797														SEX M	D.O.B. MMDDYYYY 07	-	06	-	1993	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	4	AIRBAG	2	RESTR.	1	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES		

NARRATIVE

Please see subsequent narrative pages

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. LYONS
06-05-16 08:41 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 0095

DATE

6/5/2016 1:53:33 PM

BADGE OR ID #

0134

ORI #

WA0311900

TIME POLICE DISPATCHED

10:49 AM

TIME POLICE ARRIVED

10:55 AM
PART B 3000-345-160 R (7/06)

PAGE

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OF

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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E550135**CASE # **2016-00010698**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		BROWN SUSAN																		
ADDRESS & PHONE # 1619 127TH AVE NE #D6 LAKE STEVENS WA 98258 4253224285														SEX F	D.O.B. MMDDYYYY 06	-	26	-	1946	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	1	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)		LAPRISE ADRIAN J																		
ADDRESS & PHONE # 121 83RD AVE SE LAKE STEVENS WA 98258 5037042857														SEX F	D.O.B. MMDDYYYY 02	-	08	-	1947	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	1	AIRBAG	2	RESTR.	1	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)		ROBB REBECCA F																		
ADDRESS & PHONE # 11406 20TH ST NE LAKE STEVENS WA 98258 4259740850														SEX F	D.O.B. MMDDYYYY 06	-	13	-	1985	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	4	AIRBAG	2	RESTR.	1	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES		

NARRATIVE

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I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. LYONS
06-05-16 08:41 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 0095

DATE

6/5/2016 1:53:33 PM

BADGE OR ID #

0134

ORI #

WA0311900

TIME POLICE DISPATCHED

10:49 AM

TIME POLICE ARRIVED

10:55 AM
PART B 3000-345-160 R (7/06)

PAGE

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OF

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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E550135**CASE # **2016-00010698**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		SKAUG VICKIE																		
ADDRESS & PHONE # 1316 91ST AVE SE UNIT #30 LAKE STEVENS WA 98258 4256104852														SEX F	D.O.B. MMDDYYYY 08	-	05	-	1954	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	8	AIRBAG	2	RESTR.	1	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES BACK & NECK PAIN BUT REFUSED AID		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		

NARRATIVE

Please see subsequent narrative pages

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. LYONS		06-05-16 08:41 AM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	PLA CE SIGNED
APPROVED BY ROBERT MINER 0095		DATE 6/5/2016 1:53:33 PM	
BADGE OR ID #	0134	ORI #	WA0311900
TIME POLICE DISPATCHED		TIME POLICE ARRIVED	
10:49 AM		10:55 AM	

REPORT NO. E550135

CASE #

2016-00010698

DATE AND TIME
OF COLLISION

06/04/16 10:49

NARRATIVE

On 06-04-16 at approximately 1047 hours, I responded to a collision that occurred near the intersection of 20th St SE and 79th Ave SE in Lake Stevens, WA. The collision involved one vehicle and one transit bus. Aid was already in route to the location.

Upon arrival, Unit 1 stated he was driving westbound on 20th St SE and approaching the stop light at the intersection of 79th Ave SE. Unit 1 stated he did not see Unit 2 slowing to come to a stop and by the time he applied the brakes, he rear-ended Unit 2.

Unit 1 suffered minor damages to the front driver's side bumper, headlight, and fog light areas of the vehicle. Unit 2 suffered minor damages to the rear right side corner of the vehicle. Digital photographs illustrating damages were taken and submitted into the case jacket. Neither Unit 1 nor Unit 2 needed to be towed away from the scene.

Unit 1 stated he did not have an injuries and refused the care of Aid. Unit 2 contained 7 passengers, where only one stated possible neck and back pain. This passenger was identified as Skaug, Vickie (DOB 08-05-1954). Skaug was seen by Aid, where she refused care or need of transport by Aid.

Unit 1 and Unit 2's information was exchanged for their insurance purposes before they cleared the scene. Before Unit 2 left the scene, all passengers and the driver were transported into a new bus to continue their transportation destinations.

This concluded my involvement, where I cleared the scene.

Officer C. LYONS #134, Lake Stevens Police

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING STATEMENT IS TRUE AND CORRECT (RCW 9A.72.085) AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

C. LYONS #134

6/5/2016

Lake Stevens, WA

Officer

Date

Location Signed


**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**


013197

REPORT NO. E550135
CASE # 2016-00010698
COMMERCIAL MOTOR CARRIER

 INTERSTATE ☐ INTRASTATE ☐
UNIT # 2 USDOT IOC # VEHICLE TYPE CARGO BODY TYPE

 CARRIER NAME

 CARRIER ADDRESS

 CITY ST ZIP

 NAME SOURCE # AXLES **00** GVWR **0** PLACARD ☐ + NAME IF NO NUMBER
ADDITIONAL UNITS
UNIT # MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE

 LAST NAME FIRST NAME MIDDLE INITIAL

 STREET NEW ADDRESS

 CITY ST ZIP

 CDL RESTRICTIONS ENDORSEMENTS

 DRIVER'S LICENSE # STATE SEX D.O.B. MMDDYYYY - -

 ON DUTY ☐ STATUS AIRBAG ☐ RESTR. ☐ EJECT ☐ HELMET USE ☐ INJURY CLASS NATURE OF INJURIES

 LICENSE PLATE # STATE VIN#

 TRAILER PLATE # STATE TRAILER PLATE # STATE

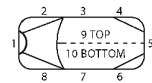
 VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

 LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

 VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

SHADE IN DAMAGED AREA


UNIT # MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE

 LAST NAME FIRST NAME MIDDLE INITIAL

 STREET NEW ADDRESS

 CITY ST ZIP

 CDL RESTRICTIONS ENDORSEMENTS

 DRIVER'S LICENSE # STATE SEX D.O.B. MMDDYYYY - -

 ON DUTY ☐ STATUS AIRBAG ☐ RESTR. ☐ EJECT ☐ HELMET USE ☐ INJURY CLASS NATURE OF INJURIES

 LICENSE PLATE # STATE VIN#

 TRAILER PLATE # STATE TRAILER PLATE # STATE

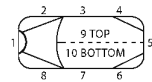
 VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

 LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

 VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. LYONS
06-05-16 08:41 AM

INVESTIGATING OFFICER'S SIGNATURE _____ UNIT OR DIST DET _____

DATED: _____ PLACE SIGNED _____

 BADGE OR ID # **0134** ORI # **WA0311900** APPROVED BY **MINER** DATE **6/5/2016** PAGE **6** OF **7**

REPORT NO. E550135

CASE # 2016-00010698

DATE AND TIME
OF COLLISION 06/04/16 10:49

